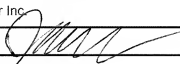
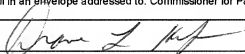


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|--|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/599,719      |
|  | Filing Date            | October 6, 2006 |
|  | First Named Inventor   | Lain-Yen Hu     |
|  | Art Unit               |                 |
|  | Examiner Name          |                 |
| Total Number of Pages in This Submission   | Attorney Docket Number | PC32225A        |

| ENCLOSURES <i>(Check all that apply)</i>  |   |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px;">Remarks</div> Authorization to charge the fee and any additional fees as necessary or credit<br>any overpayment to Deposit Account 16-1445 is hereby given. | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | Pfizer Inc.   |          |        |
| Signature                                  |  |          |        |
| Printed name                               | J. Michael Dixon  |          |        |
| Date                                       | 4-19-07   | Reg. No. | 32,410 |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |      |         |
|---|---|------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |         |
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| Typed or printed name   | Diane L. Hetzler  | Date | 4-19-07 |

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